

**VA/IHS Steering Committee Meeting
December 12, 2003**

Meeting Highlights

The initial meeting of the Veterans Affairs/Indian Health Service (VA/IHS) Steering Committee was held on December 12, 2003 from 8:00 am until 2:30 pm at the IHS Headquarters in Rockville, MD. The list of attendees is attached.

OPENING REMARKS / CHARGE

- Dr. Murphy opened the meeting and thanked Dr. Grim for his continuing support of the VA and IHS collaboration efforts to improve the health of AI/AN veterans starting with the signing of the Memorandum of Understanding (MOU) in February 2003.
- Dr. Grim welcomed the group and extended his appreciation to the members of the Steering Committee for their participation and for the expertise they bring to the table. Dr. Grim reinforced his support for the VA/IHS collaborative efforts underway and for future collaborations. He expressed his commitment to working with VA in providing the necessary care to American Indian and Alaskan Native veterans and he emphasized the importance of each of the five broad goals and the nine sub-goals within the MOU. Dr. Grim spoke of the benefits to both organizations in developing collaborative relationships.
- Mr. Nolan presented an overview of the IHS and the American Indian/Alaska Native (AI/AN) population and their community-oriented approach for patient care. Fifty-two percent of the IHS budget goes to the Tribal governments (those covered by compacts/contracts with IHS); \$30 million is spent annually on patient travel and with the limited budget resources, IHS has an average of \$1,900 per person to spend on the AI/AN population. Mr. Nolan summarized the highlights of the MOU and identified potential collaborative initiatives including Behavioral Health, Diabetes, Cardiovascular Disease, Urban Indian Health and Clinical Research Training.

It was suggested that (Post Traumatic Syndrome Disease (PTSD) might be another area for potential collaboration, based on epidemiological data; it is the highest health issue for AI/AN veterans. *These data can be shared with the group*

- Dr. Berkley and Dr. Murphy reviewed the draft charge with the group. Comments were considered and changes made. A final charge is attached. The Committee discussed the need to communicate the intent of the MOU to both external stakeholders and internal constituents. Approaches and messages include involving the AI/AN veterans in the collaboration process, therefore increasing their understanding of the access and quality of care impact. The group also discussed encouraging cultural competence training; emphasizing the benefits created by establishing the relationships between VA and IHS; involving the VSOs (AI/AN Tribal Leaders), stakeholders, respective Committee members; requiring national/regional IHS/VA summits; creating an “agenda for change” for regional leaders; challenging the facilities to make this happen; and participating at the National Congress of American Indian (NCAI) meetings.

Action Items:

- ☒ *Committee members to send any additional changes to Amy Hertz and final version will be sent out to the Committee.*

- ☑ *Submit the final Steering Committee Charge to Dr.Grim and Dr.Roswell for approval. (VA and IHS)*
- ☑ *Joint VA/IHS Communication Plan will be developed that identifies a variety of mechanisms including target audiences and planned materials/communication products. (VA and IHS)*

NATIONAL INITIATIVES

- Dr. Hans and Captain Jones provided an overview of operational functions and introduced the current national projects.
- Patient Safety. Mr. Eldridge and Dr. Olson presented the Patient Safety Review. Mr. Eldridge highlighted VA's National Center for Patient Safety (NCPS) program including staffing and current initiatives. Initiatives included Root Cause Analysis (retrospective reviews), prospective reviews, performance measures, training, assessment tools and job aids, new initiatives including "Ensuring Correct Surgery" and "Improving Hand Hygiene Practices". Areas identified for potential collaboration with IHS include sharing of patient safety resources (policy guidelines, educational and reference materials); IHS participants in NCPS training, AHRQ/VA Patient Safety Improvement Corps and fellowship at NCPS. Dr. Olson expressed IHS's interest in working with VA, as IHS has not dealt with the culture of change in the area of safety as VA has and they see many opportunities to learn from VA. All IHS facilities are Joint Commission of Accredited Health Organizations (JCAHO) and AAAHC accredited. Under the restructuring currently underway in IHS, the hope is to have a full-time patient safety person on board.
- Education Sharing. Dr. Hooper and Ms. Bradley introduced the Clinical Support Center at IHS and its role in educational support. The Office of Continuing Education within the Clinical Support Center enhances communication and information sharing through its publications and develops and supports continuing education activities for primary health care providers working for Indian health programs throughout the country. They noted that, although the Office of Continuing Education plays a supportive role in educational programming and communication, much of the decision-making and implementation of educational activities occurs at the regional and local level.

Dr. Lussier provided an overview of the plans developed by the Education Workgroup. Phase 1 (FY04) - Within the next few months, the VA's Employee Education System (EES) will establish a web site external to the VHA firewall containing multiples resource points including a catalogue of training activities, instruction material, and access to registration and assessment forms. In addition video training tapes will be provided to IHS for their distribution (digital links through an IRD unit for training will be available to IHS in the future). Phase 2 (FY05)- Plans for Phase 2 include expanding the partnership with IHS by creating joint partnerships on commercial contracts; planned partnerships between CDC and DoD can be passed thru to IHS; and sharing an expanded number of training programs, utilizing more sophisticated technology (streaming video).

Related discussion points included the need for localized cultural competence training for VA staff; several members identified ongoing training initiatives including the creation of a broadcast studio in VAMC Salt Lake City and the opportunity to include IHS, and the "Gathering of Healers" and "Camp Chaparral" programs in VISN 22. Concern was expressed about the available technology to support the education initiatives and questions were raised regarding evaluation of the training delivery and its impact on improving performance. Dr. Lussier identified the training evaluation matrix that VHA currently

utilizes. It was stated that one of Dr. Grim's priorities is for IHS to build-up their infrastructure to support the demand for newer technology.

The Steering Committee endorsed the plan for Education Sharing.

Action Item:

- ☑ *The Education Workgroup will continue its scheduled calls and can report progress at the 1/15/04 meeting. Additional members will be added to the group as appropriate (Education Workgroup).*
- IT Collaboration. CAPT Longie presented the Information Technology Sharing between VA and IHS, which has been occurring over the past 20 years. An MOA between VA and IHS was signed in 2002 to provide continued support for sharing of health information technology and systems; sharing of information technology plans, requirements, design, development training and support activities; exchange of software; adopting common health information architecture; implementation efforts that facilitate seamless transition and use by other organizations; and opportunities for joint procurement. CAPT Longie discussed the IHS Patient Clinical components, the need for an Electronic Health Record (EHR) system within the IHS system, and their desire to incorporate VA's VISTA imaging and telemedicine components into the RPMS system. IHS needs training and technical support from VA and needs their future system requirements built into the plans for the future VISTA. Future plans include enhancing the governance structure under the MOA, developing policies and procedures for collaboration, and working on joint requirements initiatives.

Dr Kolodner and Mr. Christopherson reiterated the benefits reaped by both departments from the long standing IT partnership and VA has taken advantage of IHS's outpatient development effort. VA is creating a gold standard for HealtheVet and HealtheVISTA including major pieces from RPMS and VISTA. VA/IHS are working together on EHR plan for near and long-term strategies for a joint electronic health record.

Committee discussion included the high priority to have data interoperability between systems and access to data for any veteran patient no matter where their care is delivered. The current capabilities in VA and IHS are optimized to share within each organization, but the next generation system will be more flexible and robust, but built to allow sharing of standardized data across institutions. Suggestion was made to include Tribal representation as part of the governance structure; charter an IT sub-group that reports to the Executive Steering Committee; create a plan of action with milestones, and share patient demographic data.

Action Item:

- ☑ *Recommend the chartering of an IT Work Group that reports to the Executive Steering Committee and submit for approval to Dr. Roswell and Dr. Grim (VA and IHS)*
- ☑ *Create a plan of action with milestone dates (IT Workgroup)*
- Health Promotion / Disease Prevention. CAPT Jones presented the Health Promotion Disease Prevention initiatives including the four prevention goals; the 14 HP/DP focus areas; and the emphasis on the individual in the context of family and community. Four areas were identified for possible collaboration with VA including Cardiovascular Disease, Diabetes, Behavioral health and Physical Activity, as well as inviting VA to participate in Community Wellness Forums and an Indian Health Summit.

Dr. Murphy discussed how VA's goals are similar to those of IHS. Prevention for VA is a secondary focus and a new change for VA as VA needs to be more focused on prevention and promotion. Dr. Murphy spoke of the Behavioral Health programs, suicide prevention and the MOVE (Managing Overweight/Obesity for Veterans Everywhere) program (as a possible collaboration with IHS).

The Steering Committee endorsed the concept of participating in community wide activities given our combined resources. Telehealth/telemedicine and tele-radiology were two areas identified for potential collaboration (telehealth initiatives are also underway in some locations). Participation in the community can also be provided without the use of technologies (health screenings and PTSD support on the reservations). The committee identified 4 priority areas in Preventive Health – Obesity, Diabetes, Cardiovascular Disease, and Behavioral Health (Substance Abuse, Suicide Prevention and PTSD associated conditions).

Action Item:

- ☒ *Recommendation will be forwarded to Drs. Grim/Roswell requesting approval for two working groups to support national (IT and HP/DP) initiatives - (VA and IHS)*
- ☒ *CAPT Jones to provide the Cardiovascular Roundtable Report to the Steering Committee (completed and attached)*
- ☒ *Discuss the issue of Tort claims when care is provided using each other's facilities.*

PLANNING

- The Committee reviewed the agenda for the January 15, 2004 meeting for the VHA VISN leadership and IHS Area Directors and encouraged the meeting to focus on local sharing initiatives and provide only a brief overview of the national initiatives and the role of the Steering Committee. To facilitate dialogue between the Area and VISN Directors, the January meeting room will be arranged in a cabaret style.
- Future conference calls will be held every 4 months and scheduled for about 90 minutes. Read-ahead materials and presentations will be sent before each call to allow for more discussion during the call. Future in-person meetings will be discussed with the group.

Concluding Action Items:

- ☒ *Possible invitation to IHS Area Directors to a future VA National Leadership Board (VA)*
- ☒ *Email request for future conference call dates will be sent out to the Committee (VA).*

Attachment 1

VA

Dr. Frances M. Murphy*
Dr. Alfonso Batres*
Dr. Robert Petzel*
Mr. Charles Nesby*
Ms. Linda Pyne*
Mr. James Floyd*
Dr. Sherrie Hans
Mr. Noel Eldridge
Dr. Richard Lussier (via video conference)
Dr. Robert Kolodner (via video conference)
Mr. Gary Christopherson (via video conference)
Ms. Renae Allen
Ms. Amy Hertz

IHS

Dr. Charles Grim
Dr. Vincent Berkley*
Mr. James Toya*
Mr. Reece Sherrill*
Dr. Valerie Parker (via video conference)*
Mr. Elmer Brewster*
Mr. Leo Nolan
CAPT Candace Jones
Dr. Richard Olson
Dr. Edwards (E.Y.) Hooper (via video conference)
Ms. Dora (Theodora) Bradley (via video conference)
CAPT Keith Longie
Regina Barnett
Ms. Tammy Cannady

*** Steering Committee Member**